

**EXHIBIT C**  
**SEXUAL HARASSMENT POLICY SURVEY**

You are being provided a copy of Omnicare's policy on sexual harassment. This policy was first provided to you when you were hired. Omnicare is committed to eliminating and correcting any instances of sexual harassment of its employees. In order to ensure that our policy is being effectively implemented and followed, you are being provided with this questionnaire which you should complete and return in the attached self-addressed stamped envelope. Your responses will be kept confidential. If you have any questions about this questionnaire, please call Scott Riley (513) 773-2019.

Your questionnaire will be used only to evaluate Omnicare's sexual harassment policy. It will not be used to report instances of sexual harassment. You should follow the reporting procedure outlined in the attached policy on sexual harassment.

You DO NOT have to provide your name or telephone number, but may do so if you wish.

Name (optional):

Home/cell telephone (optional):

Address of Omnicare location at which you are employed:

1. Have you ever been subjected to unwanted comments of a sexual nature, either directed to you or made within your hearing, while working at Omnicare?
  - If yes, please provide the approximate date.
2. Have you ever been subjected to unwanted images of a sexual nature, either shown to you or visible at your work location, while working at Omnicare?
  - If yes, please provide the approximate date.
3. Have you ever been subjected to unwanted physical touching of a sexual nature while working at Omnicare?
  - If yes, please provide an approximate date.
4. Have you ever seen a co-worker subjected to comments of a sexual nature or physical touching of a sexual nature while working at Omnicare?
  - If yes, please provide the approximate date.
5. If you answered "yes" to questions 1, 2, 3, or 4, did you complain or otherwise notify anyone at Omnicare about the sexual comments or touchings?

- If yes, please provide the name and position of the person to whom you complained or informed of the conduct and the approximate date.
  - If yes, please describe what action was taken in response to your complaint or information.
    - Was Omnicare's response to your complaint or information handled to your satisfaction? Why or why not?
      - What, if anything, do you think Omnicare could have done to handle the situation better?
  - If no, why didn't you complain or inform anyone at Omnicare about the sexual comments or touchings?
6. Is there anything that Omnicare could do that would make you feel more comfortable in bringing instances of sexual comments, sexual images, or touchings to the attention of management or Human Resources?

Please provide any additional comments or suggestions. Use additional pages if necessary. Thank you for participating in this survey.